

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/561,491
Filing Date	December 20, 2005
First Named Inventor	Shlomo BEN-HAIM
Title	GASTROINTESTINAL METHODS...
Art Unit	not assigned
Examiner Name	not assigned
Attorney Docket Number	MET095.233410

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

54042

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

30/5/06

Name

Shlomo Ben-Haim

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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PTO/SB/01 (04-95)

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PTO/SB/81 (04-05)

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Signature

Name

Ricardo Avlv

Date

Telephone

Title and Company

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	9/5/06
Name	Ofer Glasberg	Telephone	
Title and Company	* Signor Investigator		

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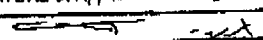
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Signature		Date	10/1/06
Name	Tami Harel	Telephone	
Title and Company	Y		

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	06-08-06
Name	Ophir Bitton	Telephone	
Title and Company			

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>[Signature]</i>	Date	2/26/06
Name	Benny Rousso	Telephone	
Title and Company			

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